

JAN 18 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)											
ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Fax No.: (571) 273-8300	Attorney Docket No.: IS01202AP Application No.: 10/722,036 Filing Date: November 25, 2003 First Named Inventor: John R. Qualich Group Art Unit: 2872 Examiner: Ricky D. Shafer										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including January 18, 2007.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table>		<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$ 120.00										
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$										
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<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$										
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$										
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 50-3987. I have enclosed a duplicate copy of this sheet.</p>											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED											
Name	Joanna Skyles										
Reg. No.	54,454										
Signature	<i>Joanna Skyles</i>										
Date	January 18, 2007										

EXT (Rev. 1/3/01)

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